## STATE OF CONNECTICUT **DEPARTMENT OF CONSUMER PROTECTION** LIQUOR CONTROL DIVISION

Telephone: (860) 713-6200

Email: liquor.control@ct.gov Website: www.ct.gov/dcp



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	For Official Use Only
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# **Application for Transporter's Liquor Permit**

#### INSTRUCTIONS:

All spaces must be completed - please print in ink or type. A check or money order in the amount of \$1350.00 must accompany this application and should be made payable to "Treasurer, State of Connecticut."

Applicant					
Name of Shipper Permittee (First N	ame, Middle Initial, Last	Name)			
G		T au			T
Street Address		City		State	Zip Code
Telephone Number (w/ area code)	Date of Birth /	Social Security Number	Email Address		
Have you, or any member of your fa	-	ee or backer ever been refus name(s) and date(s) on a se	_	-	ked by the Liquor
Jurat for Applicant					
I affirm, under penalt	y of false statement, that my	statements and answers to all	questions in this applic	ation are true a	and complete.
Signature of Applicant (Per	mittee)	Date	e	_	
Subscribed and sworn to before	e me, this day of		20	Notai	ry Seal
Signed: (Commissioner of S	Superior Court/Notary Pu	ublic/Justice of the Peace	My Commissio	n Expires	
Backer					
Name of Backer (The owner or propr	ietor of the business)				
Business Street Address		City		State	Zip Code
Telephone Number (w/ area code)	FEIN or Soc	cial Security Number	Email Address	l	
Indicate Organizational Structure:	<u> </u>				
If a corporation, please indicate dat date of authorization to conduct bus	e of incorporation and s	state where incorporated. I	Limited Liability Pa f not a Connecticut	•	•
Have you or any of your employees directly or indirectly, to any person	or agents loaned any mo	oney or extended any credi	of alcoholic liquor	in the State o	of Connecticut?
Have you, or any member of your factorical Division?  Yes No		ee or backer ever been refus name(s) and date(s) on a se		_	oked by the Liquor

## $For\ Corporation,\ LLC,\ LLP\ or\ Partnership\ (Attach\ additional\ sheet\ if\ necessary)$

List the names, titles and signatures of all persons associated in the ownership.

Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature

Jurat for Backer (Individ	lual)	
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ignature of Backer (Individual)	Date	
Subscribed and sworn to before me, this day of	20	Notary Seal

### Jurat for Backer (For a Corporation, LLC, LLP and Partnership)

FOR CORPORATION, LLC OR LLP Signature of duly authorized officer with title; For PARTNERSHIP, signature of partners

gnature of Backer & Title	Date	Signature of Backer & Title	Date
Subscribed and sworn to before	me, this day of	20	Notary Seal

### **Instructions for completing the Application for Transporter's Liquor Permit:**

- 1) **Applicant** The name of the **permittee** is the applicant for the liquor permit. This is the individual who operates/manages an establishment holding a liquor permit. The permittee may, in some cases, also be the owner/backer of the business that holds the permit.
- 2) **Backer** An individual or legal business entity that **owns** the business to which the liquor permit is issued.
- 3) **Fee & Form of Payment** The application must be accompanied by the filing fee of \$100.00 and the initial permit fee of \$1250.00. A check or money order in the amount of **\$1350.00** should be made payable to "*Treasurer, State of Connecticut.*" The application filing fee is non-refundable.
- 4) ICC Permit A photostatic copy of your ICC Permit must accompany the application.
  - ⇒ Return the completed application and fee to:

License Services Division

Department of Consumer Protection

165 Capitol Avenue

Hartford, CT 06106